**UCD School of Medicine**

**PhD Stage Transfer Assessment - Supervisor Statement**

**Student Name:**

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| **Key achievements of candidate pre-stage transfer** | |
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| **Priority area(s) for development in the doctoral stage** | |
|  | |
| **Any other comments** | |
|  | |
| **Candidates should have a record of having held two meetings with their Research Studies Panel ahead of presenting for Stage Transfer Assessment. If only one meeting has been held, please briefly justify why this was the case.** | |
|  | |
| **Supervisor Name** |  |
| **Supervisor Signature** |  |
| **Co-Supervisor Name**  ***(if applicable)*** |  |
| **Co-Supervisor Signature**  ***(if applicable)*** |  |